				SRF D	isburs	ement	Reque	st For	m					
Participant Infor	mation													
Name: City	of West Lafaye	tte								SRF Loan N	Number:		WW141	079 07
DUNS Number:	04 455 2636	5		CCR Nu	ımber:	6NKJ2				Request N	umber:	1	2	
Mailing Address:	711 West N	avajo Stree	et											
City: West Laf	ayette			State:	IN					ZIP	47906	õ		
Contact Person:		Judith C	. Rhodes, 0	Clerk-Treasi	urer	Cont	act Phone I	lumber:	765	-775-5150				
Authorized Represe	entative:	Mayor J	ohn R Den	nis, or Cl-Tr	r J. Rhodes	Auth	orized Repi	esentativ	e Phone N	umber:	765-7	775-51	.00	
If requesting reimb	ursement to th	e Participa	int by wire	transfer pl	ease provi	de the follo	wing inform	ation:						
Bank Name:							Routing Nur							
Account Name:						Accou	nt Number							
Loan Information	1													
Description of work		_	made	Shera	aton and F	airway Knol	ls Lift Statio	n Improv	ements					
Is any part of this claim funded by an alternate funding source?												YES	⊠ NO	
If yes, please identify the source and amount of the claim funded by the alternate source (OCRA, SAP, Local Funds):												\$		
Is any part of this claim funded by the Indiana Brownfields Program?											YES	⊠ no		
Has the Participant paid the request and is now seeking reimbursement?											YES	⊠ NO		
Is any part of this claim a result of a change order? If yes, please attach the SRF change order approval letter.											YES	⊠ NO		
Are there Green Pr	oject Reserve c	omponent	s involved	in this requ	iest?								☐ YES	⊠ NO
If yes, please descr	ibe:													
Loan Financial In	formation													
Original Loan Amount:								\$ 2,610,000.00						
Total Amount of Previous Disbursements:												\$ 234,901.00		
Balance Available A	After this											\$	2,374,40	5.00
Amount to Contr	actor for this	Request:							arane -			\$	694.00	
Is any part of this re	equest a partia	l or final re	lease of re	tainage to	the contra	ctor?							YES	⊠ NO
Contractor Name:	Wessle	r Engineer	ing			DU	NS Number	: 08	3 153 1352				****	
Mailing address:	6219 S	East Stree	t				######################################							
City: Indianapo	olis			State:	IN					ZIP Code:	462	27		
Wiring Information	:													
Bank Name:	Bank Routing Number							lumber:						
Account Name:						Acc	count Numb	er:						
Retainage Amour	nt for this Red	quest:										\$		
Participant requests that the retainage amount be held by SRF:														
Participant requests that the retainage amount be sent to the Participant via check to the mailing address listed above:														
Participant requests that the retainage amount be sent to the following bank:									·					
Bank Name:	ank Name: Bank Routing Number:													
Account Name:							Account Number:							
Total Amount of	this Request:											\$	694.00	
The undersigned here the project agreement of Labor requirements	t, that the certif	ied payroll	r disbursen s received i	nent is, to the in connection	he best of i	my knowled y enclosed c	ge and belie onstruction	f, true and invoices a	d accurate ire in comp	and made i liance with	n accord the Dav	ance v	vith the cond on Act/ US De	litions of epartment
Authorized Representative Sign	nature:					,,,,,,				Dat	e:	M	AY 0 6	2015
														son
For Internal Use Or	nly:						Date			CDD		ر ا		
Approved By:							Date:			GPR		\$		



RECEIVED

More than a Project™

INVOICE

To:

CITY OF WEST LAFAYETTE

MR. DAVID S. HENDERSON, UTILITY DIRECTOR

500 SOUTH RIVER ROAD

WEST LAFAYETTE, INDIANA 47906

Project:

174515.00

WEST LAFAYETTE - SHERATON & FAIRWAY KNOLLS LIFT STATION

Manager:

GARY L. RUSTON

Professional Services for the Period: 3/1/15 to 3/31/15.

RESIDENT PROJECT REPRESENTATIVE PHASE: .68

SHERATON & FAIRWAY KNOLLS LIFT STATION - RPR TASK: .01

Charge Bill Hours Bill Rate **Professional Services** 675.00 \$ 90.00 7.50 Senior Resident Project Representative 7.50 675.00 **Total Labor**

Reimbursables

Travel

Total Reimbursables

18.98

18.98

Total Project Invoice Amount

693.98

Wessler Engineering, Inc. GARY L. RUSTON

Project Manager

Aged Receivables: CURRENT 30-60 60-90 90-120 **OVER 120** \$360.00 \$0.00 \$0.00 \$693.98 \$0.00

Invoice Number: 27635

April 17, 2015

C I / MILK	WAY KNOLLS LS	Invoice	27635		
		Friday, A	pril 17, 2015		
Invoice 27635 Dated 4/17/2015					
SHER	ATON & FAIRWA	Y KNOLLS LIFT	STATION		
RVATIO	ON				
KNOL	LS LS RPR	STOCKE STOCKE PROPER PROPERTY PROPERTY CONTROL			
lours	Bill Rate	Charge			
1 00	90.00	90.00			
1.00	00.00	00.00			
2.00	90.00	180.00			
1.00	90.00	90.00			
3.00	90.00	270.00			
.50	90.00	45.00			
7.50		675.00	675.00		
33.0 Miles @ 0.575			18.98		
	ask	\$693.98			
Total this Pha					
	Total this Pro	ject	\$693.98		
	Total this Rep	oort	\$693.98		
S	NOL NOL 2.00 1.00 3.00 .50 7.50	SHERATON & FAIRWAY VATION KNOLLS LS RPR Durs Bill Rate 1.00 90.00 2.00 90.00 1.00 90.00 3.00 90.00 50 90.00 7.50 Total this T Total this Ph Total this Pro	35 Dated 4/17/2015 SHERATON & FAIRWAY KNOLLS LIFT VATION KNOLLS LS RPR Durs Bill Rate Charge 1.00 90.00 90.00 2.00 90.00 180.00 1.00 90.00 90.00 3.00 90.00 270.00 .50 90.00 45.00 7.50 675.00		